

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input type="checkbox"/> Amendment Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> Termination – See Part 5 Date of termination 12 / 31 / 2023
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Date Stamp City of San Clemente JAN 25 2024 City Clerk Department	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information	I.D. Number 1333021 <small>(if applicable)</small>	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE WATCHDOG FOR SAN CLEMENTE RESPONSIBLE - A COMMITTEE FORMED TO OPPOSE DAN BANE FOR CITY COUNCIL 2018		NAME OF TREASURER JERI L MANN
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]		EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) 3 [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
COUNTY OF DOMICILE ORANGE	JURISDICTION WHERE COMMITTEE IS ACTIVE	EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets.		NAME OF PRINCIPAL OFFICER(S) JANICE G SMITH
		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED]
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/09/2024 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/09/2024 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT